



Psychosocial factors in Rolling out ART in TB Inpatient setting: the Richmond experience

Sibusiso Kleinboo

Clinician

Ithemba Clinic, That's it!

that'sit

TUBERCULOSIS HIV & AIDS TREATMENT
SUPPORT AND INTEGRATED THERAPY
K W A Z U L U - N A T A L





Richmond Hospital

- 46 km south of PMB, KZN
- Rural TB hospital
- Approx. 1000 admissions/year
- Death rate 20%-30% of all admissions
- Estimated TB-HIV co-infection rate >75%
- Estimated 50% of these in WHO AIDS Stage IV





Our project

- PEPFAR funded
- MRC, Life Esidimeni, DOH collaboration
- Aim: Integrated TB-HIV management through a best-practice approach
- 1st Enrolment: June 2005 (Total 307)
- 1st ART initiation: July 2005 (Total 85)
- Total admissions per period: 928





Challenges faced by project

Admissions	Advanced illness, confused, early deaths
VCT	Reluctance, denial, stigma, misperceptions
Enrolment	Lack of ID, Family consent, Money, Transport
Workup	Deterioration of clinical state, Illiteracy, transfers MDR
ART Initiation	Fear of ART, Pill burden, Stigma



Psychosocial challenges

- CULTURAL BELIEFS
 - Traditional illness
 - Witchcraft
 - Angry ancestors
 - Funds already spent on Traditional and spiritual healers



Psychosocial challenges

- DENIAL

- AIDS does not exist
- Illness is for young people
- Celibacy claims
- Only infected with TB, nothing else!
- AIDS means death, no need to know



Psychosocial challenges

- STIGMA

- VCT attendance
- Attending ART clinic & Literacy Classes
- Taking HAART in the ward
- Gaining wt due to HAART
- General embarrassment



Psychosocial challenges

- LACK OF READINESS
 - Not ready to discuss the illness
 - Not ready to test
 - No money for hospital visits once discharged
 - No one to cook proper meals at home
 - No family support



Psychosocial challenges

- DEPRESSION

- Indecision
- Apathy



Psychosocial challenges

- ATTITUDES

- ART is toxic
- Too many pills incl. TB drugs



Psychosocial challenges

- FAMILY ISSUES

- Disclosure
- Acceptance
- Embarrassment / Stigma
- Support



Solutions

- Early recruitment & education in group sessions
- Peer educators/ testimonials
- Support groups
- Video education
- Reading materials-pictures/posters/pamphlets
- Treatment buddies
- Social worker
- Counseling- VCT, Ongoing, Revisits, bed side counselling



EARLY RECRUITMENT IN GROUP SESSIONS

Day after admission

Circumvent influence of older patients

Sicker patients are more agreeable

Form bonds with patients in similar circumstances

Relations with ART clinic formed from Day 1



Peer educators/ testimonials

- Already on treatment
- Already improved on ART
- Volunteers
- Very eager to help
- Seems effective in terms of influencing new patients



Support groups

- Assistance from social worker/ other project staff
- Mostly satisfied patients lead discussions
- Personal accounts of the illness
- Discussions on disclosure, testing,
- ART initiation, side effects and stigma



Video education & Reading Materials

- Relevant material available on dealing with the illness
- More info absorbed in a relaxed environment
- Written in local language & site specific
- Popular with new patients



Treatment buddies

- Patients who are on ART and doing well are approached to help
- Consent is obtained from a patient who need assistance
- Mostly a pair that share a ward or a unit
- Assist to boost confidence & extinguish stigma
- Take treatment together



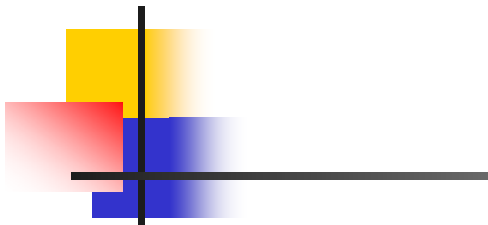
Social worker

- Works directly with the project & shares same office block
- Referrals done directly
- Assesses pts for grants, ID, home circumstances
- Traces relatives who need to give consent & guidance



Counsellors

- Very important in our recruitment
- VCT works directly into the project
- Weekly reports account for each admission
- Involved in initial sessions, individual Counselling, follow up in wards as well as VCT



that'sit

TUBERCULOSIS HIV & AIDS TREATMENT
SUPPORT AND INTEGRATED THERAPY
K W A Z U L U - N A T A L